

**State of Kansas DUNS 617147541
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2004

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State Program Title: Chronic Disease Prevention

National Health Objective: HO 3-1 Overall Cancer deaths

State Health Objective(s):

Reduce cancer mortality by 2010

1) By 2010, decrease age-adjusted breast cancer mortality among women by 10% to 24.1 deaths per 100,000 women.

Age-adjusted KS baseline: 24.3 (2001-2002 CHES Mortality files, 2000 Standard)

Age-adjusted US baseline: 26.8 (2000 CDC Wonder, 2000 Standard)

Progress:

Age-adjusted KS 2003: 26.8 (2003 CHES Mortality files, 2000 Standard)

2) By 2010, decrease age-adjusted cervical cancer mortality among women to less than 1.5 per 100,000 women.

Age-adjusted KS baseline: 2.6 (2001-2002 CHES Mortality files, 2000 Standard)

Age-adjusted US baseline: 2.8 (2000 CDC Wonder, 2000 Standard)

Progress:

Age-adjusted KS 2003: 2.3 (2003 CHES Mortality files, 2000 Standard)

3) By 2010, decrease age-adjusted colorectal cancer mortality among Kansans to less than 15 per 100,000 persons.

Age-adjusted KS baseline: 20.3 (2001-2002 CHES Mortality files, 2000 Standard)

Age-adjusted US baseline: 20.8 (2000 CDC Wonder, 2000 Standard)

Progress:

Age-adjusted KS 2003: 18.0 (2003 CHES Mortality files, 2000 Standard)

4) By 2010, decrease age-adjusted lung cancer mortality to 50 deaths per 100,000 persons.

Age-adjusted KS baseline: 54.5 (2001-2002 CHES Mortality files, 2000 Standard)

Age-adjusted US baseline: 56.1 (2000 CDC Wonder, 2000 Standard)

Progress:

Age-adjusted KS 2003: 53.9 (2003 CHES Mortality files, 2000 Standard)

5) By 2010, decrease the percentage of men with prostate cancer who have regional or distant metastasis at the time of diagnosis to below 15%.

KS baseline: 17% (2001 Kansas Cancer Registry)

US baseline: N/A

Progress:

KS 2002: 13.7% (2002 Kansas Cancer Registry)

6) By 2010, decrease the age-adjusted mortality due to melanoma skin cancer to 2.0 deaths per 100,000.

Age-adjusted KS baseline: 2.4 (2001-2002 CHES Mortality files, 2000 Standard)

Age-adjusted US baseline: 2.7 (2000 CDC Wonder, 2000 Standard)

Progress:

Age-adjusted KS 2003: 2.9 (2003 CHES Mortality files, 2000 Standard)

State Health Problem:

Cancer is the second leading cause of death in Kansas.

In 2000, 1,936 breast cancers were identified among Kansas women (Lai, 2000). Breast cancer is the most frequently reported cancer among women and the second leading cause of cancer death among women, accounting for approximately 440 deaths in Kansas in 2000 (Lai, 2000).

In 2000, there were 119 cases of cervical cancer, accounting for 6% of all cancer in women, and 30 deaths from cervical cancer accounting for 2% of all cancer deaths (Lai, 2000).

Colorectal cancer represents 13% of all newly diagnosed cancers in Kansas, and is the second leading cause of cancer death. In 2001, 1,403 Kansans were diagnosed with colorectal cancer and 596 died of this cancer (Lai, 2004).

In 2001, 1,638 Kansans were diagnosed with lung cancer and 1,548 died. Lung cancer is the third most commonly diagnosed cancer and the leading cause of cancer death, accounting for about 31% of all cancer deaths in Kansans (Lai, 2004).

In 2001, 1,763 Kansas men were diagnosed with prostate cancer and 317 died of this cancer (Lai, 2004).

It is estimated that 12,000 skin cancers (extrapolated from National Data, Murad, et al, 2001) may occur in Kansas each year: 75-80% of these will be basal cell carcinoma, 20-25% will be squamous cell carcinoma, and less than 5% will be melanoma. In 2001, 75 people died that year from melanoma.

ESSENTIAL SERVICES**Essential Service 3 - Inform and Educate:****Desired Impact Objective 1:**

By June 30, 2005, increase awareness among Kansans regarding cancer risk and how to reduce that risk.

Annual Activity Objective for Desired Impact Objective 1:

The Comprehensive Cancer Program will develop a web site for prevention, and the web site will be completed, evaluated, and updated by June 30, 2005.

Progress:

The website, www.preventionworkskansas.com, has been developed and is in operation. Portions of the website are currently being updated to provide the latest information to the public. The website provides information regarding the six targeted cancers, the tobacco Quitline, obesity, fitness and nutrition, diabetes, arthritis, cardiovascular disease, stroke, and safety. There are approximately 2,000 'hits' on the website monthly (as tracked by the INK webmaster) with a range of 1,600 to 2,500.

Essential Service 5 - Develop policies and plans:**Desired Impact Objective 1:**

Kansas will complete development of a plan which includes prevention, screening, early detection, treatment, diagnosis, rehabilitation, survivorship and end of life care related to cancers of the lung, prostate, breast, cervix, colon, and skin by June 30, 2004.

Annual Activity Objective for Desired Impact Objective 1:

A Comprehensive Cancer Plan will be written and disseminated statewide by June 30, 2005.

Progress:

The Kansas Comprehensive Cancer Control Plan has been developed, printed and is currently being distributed to medical professionals, policy makers, community leaders and others interested in cancer prevention and control. Sixty-five partners worked together cooperatively in workgroups organized along the continuum of care: Prevention, Screening and Early Detection, Diagnosis and Treatment, and Survivorship and End of Life Care. Although the plan specifically targets breast, cervical, colorectal, lung, prostate and skin cancer, many of the strategies identified are applicable to other cancers.

National Health Objective: HO 12-1 Coronary Heart Disease

State Health Objective(s):

Tobacco Use Draft 2010 Objective 1: Reduce to 13 percent the proportion of adults (18 and older) who use tobacco products.

Kansas Baseline in 2002: 22.1% of Kansans aged 18+ smoke cigarettes. Source: 2002 BRFSS
5.2% of KS adults aged 18+ use smokeless tobacco (chewing tobacco or snuff). Source: 2002 BRFSS.

28% of KS adults aged 18+ use at least one form of tobacco. Includes cigarettes, cigars, pipe, smokeless chew and other novel forms. Source: 2002 BRFSS

Progress:

Kansas in 2003: 20.4% of Kansans aged 18+ smoke cigarettes. Source: 2003 BRFSS

Note: Data on smokeless tobacco were collected on the 2004 BRFSS, however, that data will not be available until Spring 2005.

Tobacco Use 2010 Draft Objective 2: Reduce the proportion of young people in grades 9-12 who have used any tobacco products.

Kansas Baseline in 2002: 21% of young people in grades 9-12 smoked cigarettes within the past 30 days, 15% of males used smokeless tobacco in the last 30 days. Source: 2002 Youth Tobacco Survey.

Progress:

YTS is scheduled for 2005-2006 school year.

Physical Activity 2010 Draft Objective 3: Increase to at least 25% the proportion of people aged 18 and older who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Kansas Baseline: Less than 50% of adults in Kansas obtain the recommended level of physical activity of 30 minutes of moderate activity at least five days per week or 20 minutes of vigorous activity at least three days per week. 30.4% of Kansas adults engage in no leisure-time physical activity. Source: 2000 BRFSS

Progress:

In 2003, 43.7% of Kansas adults obtained the recommended level of physical activity of 30 minutes of moderate activity at least five days per week or 20 minutes of vigorous activity at least three days per week. 25.9% of Kansas adults engage in no leisure-time physical activity. Source: 2003 BRFSS
In 2003 22.6% of Kansas adults engaged in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. Source: 2003 BRFSS

Nutrition 2010 Draft Objective 4: Increase to at least 75% the proportion of Kansans aged 18 and older who consume at least five servings of fruits and vegetables daily.

Baseline: Less than 25% of Kansas adults eat at least five servings of fruits and vegetables each day. Source: 2000 BRFSS

Progress:

In 2003, 18.8% of Kansans aged 18 and over consume fruits and vegetables less than 5 times per day.
Source: 2003 BRFSS

State Health Problem:

Most premature death and disability in the late 1900's are due to heart disease, cancer and stroke. These conditions account for over 60% of all deaths each year in Kansas. **Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention** reports that 50% of the risk factors contributing to an individual's health status are the results of lifestyle choices including tobacco use, physical inactivity, and high dietary fat intake.

Heart disease has consistently been the leading cause of death among Kansans, despite the decline in heart disease mortality rates. This information led to the selection of prevention and control of cardiovascular disease (CVD) as one of the seven statewide health priorities in Kansas (Kansas Department of Health and Environment, *Healthy Kansans 2000*) by the multi-disciplinary Healthy Kansans Steering Committee.

In 2001-2002, cardiovascular disease (ICD - 10 codes: I00 - I99) remained the leading cause of death, accounting for an average of 37.6% of all deaths, with its two main components, coronary heart disease (ICD -10 codes: I11, I20-I25) and stroke (ICD-10 codes: I60-69), as the first and third leading causes of death, respectively. The average annual age-adjusted death rate for cardiovascular disease for 2001-2002 was 307.8 per 100,000 population. The average annual age-adjusted death rate for coronary heart disease for 2001-2002 was 147.4 per 100,000 population. This was lower than the national rate (187 per 100,000 population in 2001). The average annual age-adjusted death rate for cerebrovascular disease was 59.7 per 100,000 population. This was slightly higher than the national rate (58 per 100,000 population in 2001).

Although, CHD death rates were high across all population subgroups in 2001-2002, disparities were seen with respect to gender and racial subgroups. The age-adjusted CHD death rate for males was almost two times higher than the rate for females (196.4 / 100,000 vs. 110.9 / 100,000, respectively). Higher death rates among males were seen among both whites and blacks. Death rates for gender subgroups were lower than the 2001 national rates (196.4 / 100,000 vs. 236 / 100,000 in males; 110.9 / 100,000 vs. 148 / 100,000 in females). In addition, death rates were higher among blacks as compared to whites (177.6 / 100,000 vs. 146.5 / 100,000, respectively). The rate among persons of other races was substantially lower at 91.4 / 100,000 population. Death rates for racial subgroups were lower than the 2001 national rates (146.5 / 100,000 vs. 183 / 100,000 in whites; 177.6 / 100,000 vs. 234 / 100,000 in blacks). Among race and gender sub-groups, the highest death rate was seen in black males (201.5 / 100,000), followed by white males (196.8 / 100,000), black females (157.5 / 100,000), and white females (109.4 / 100,000).

Geographically, the highest proportions of CHD deaths were generally found in eastern and portions of the central area of the state. In 2002, the age-adjusted death rate in Shawnee County was 167.3 per 100,000 population and in Sedgwick & Wyandotte Counties was 139.5 per 100,000 population.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By June 30, 2005, the Chronic Disease Risk Reduction (CDRR) Grant Coordinators will cooperate with and serve as liaisons with community partners to enable a coordinated tobacco use prevention/cessation campaign to reach 30,000 children, ages 5-13 years, and 3,000 teens, ages 14 to 17 years, through paid advertisement, school/community programs or individual contact.

Progress:

CDRR Coordinators assisted with promoting and conducting six "impact" trainings (informing my peers about countering tobacco trainings). 65 school districts promoted the trainings with 699 teens (ages 14-17) participating. As a result of the training, 3,529 secondary students (K-7) were "impacted" with classroom presentations by trained impact participants. In addition, post-training surveys were sent to participants and 50% of the respondents reported they were actively engaged in policy change to support tobacco free school grounds. The Finney County Hispanic youth group presented to the secondary students in Spanish.

"impact" is a tobacco advocacy program that empowers and trains young adults in tobacco use prevention and advocacy, allowing them to "impact" their community through positive social norm change and by providing education and pro-health messages to younger students. "impact" participants received training in tobacco education, media advocacy, presentation skills, action planning and promoting tobacco free school grounds.

Other youth tobacco use prevention programs utilized include Lifeskills curriculum, juvenile diversion program, and school health fairs.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, local communities will sponsor youth tobacco use prevention rallies and training sessions recruiting 1,000 teen participants and planners, including our state's dominate ethnic populations.

Progress:

More than 1,000 Kansas youth registered to attend the 2004 STAR and Supernova Rallies that were held in Great Bend, Hays, Emporia and Topeka in February and March. Rally training sessions included: Ahh Chew, Leveling With Your Legislature, Breaking Out and TASK Take 2 Hollywood Uncovered. In August 2003 one hundred youth attended the TASK Youth Summit. Youth participated in activities and sessions about tobacco industry sponsorship, specific marketing practices of the tobacco industry, the effects of tobacco on the environment, and the effects of tobacco on the human body.

By June 30, 2005, all funded communities will have a plan to promote the Kansas Tobacco Quitline.

Progress:

Each Chronic Disease Risk Reduction grantee (22) submitted plans to promote the Kansas Tobacco Quitline. Communities are working with programs such as WIC and Women's Health/Family Planning agencies to incorporate Quitline information. Communities are also encouraging pharmacies

to stuff Quitline flyers in bags and to print the Quitline number on the outside of bags.

Evidence indicates that coordination of statewide media with local efforts will increase call volume. All funded communities were impacted by a statewide promotion and media campaign that was launched increasing the overall caller volume by 227%. The Tobacco Use Prevention Program in coordination with grant administrators will outline a plan to actively engage the medical community through educational seminars focusing on brief intervention, provider reminder systems and Quitline promotion. A consultant has been identified who will present the information to the medical community. Overall, tobacco use prevention in Kansas received 8,911 column inches of earned print media from July 2003 to May 2004. At the average price of a column inch in Kansas, this is a value of \$253,977.

By June 30, 2005, materials will be developed and distributed to engage the Hispanic community to utilize the Kansas Tobacco Quitline.

Progress:

A “Quitting Takes Practice” flyer promoting the Quitline was translated into Spanish and distributed to the Medicaid population across the state. Plans are underway to include Quitline information on soccer schedules in Spanish for the Hispanic soccer league in Finney County as well as on payroll stuffers in packing plants.

By June 30, 2005, an RFP will be drafted for one community to implement a spit tobacco prevention and cessation program in their local community.

Progress:

A spit tobacco use prevention Request for Proposal has been written and is awaiting a source of funding. The proposal asks for community mobilization, strategic use of media and/or policy initiatives. For example, two areas to be addressed include implementing policy changes concerning smokeless tobacco at sporting and recreational facilities and grounds concerning smokeless tobacco use and identifying and evaluating tobacco industry influences and sponsorships at rodeos and car racing in communities.

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1:

By June 30, 2005, 50 community-based coalitions will be formed or identified which will plan and coordinate local cardiovascular risk reduction programs addressing modifiable risk factors including tobacco use, physical activity, and healthy eating behaviors.

Progress:

From July 2003 to June 2004 twenty-two communities wrote plans to reduce health risk factors and increase healthy behaviors. All twenty-two communities concentrated on tobacco use prevention. Twenty communities focused on physical activity and healthy eating behaviors.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, each funded community coalition will have met at least quarterly.

Progress:

Most coalitions met at least monthly culminating in over 400 youth and adult coalition meetings on tobacco prevention, physical activity and healthy eating behaviors.

By June 30, 2005, a twelve- month program plan including objectives and an action plan addressing tobacco use, physical activity, and healthy eating behaviors will be developed by all funded community coalitions.

Progress:

Each Chronic Disease Risk Reduction grantee submitted a twelve-month program plan outlining their plans to affect healthy behaviors. Plans included hands-on nutrition classes offered at the Health Department with youth participants (1st-3rd grade). Youth were also given opportunities to increase their daily physical activity. Adults over the age of 65 participated in the “Growing Stronger” Program to strengthen muscle tone and promote activity among seniors.

By June 30, 2005, evaluation reports from all funded communities will include the number of participants reached and total number of unduplicated participants; status of building and promoting walking trails; progress toward identifying subdivisions ready to develop trails; the number of communities utilizing and promoting the 5 A Day nutrition program; number of coalition meetings held; number of media viewings provided to the general public and Kansas dominate ethnic populations; and the number of community changes promoted and implemented as a result of these activities.

Progress:

In Oakley, 288 individuals participated in Walk Kansas with over 25,000 miles walked. Six communities reported utilizing the 5 A Day nutrition program with 1,474 people participating. 2,474 people participated statewide in Walk Kansas. Overall the number of people reached in the areas of tobacco, physical activity and healthy eating behaviors was 27,953, 16,071 and 10,443 respectively. Over 400 coalition meetings were held. Grantees distributed 787 fliers, press releases, radio ads and cinema slides promoting healthy behaviors. The Sedgwick County Health Department was asked to present the keynote message at the Latino Health Summit focusing on tobacco prevention and encouraged participants to use and make referrals to the Quitline. Over 100 participants attended the Latino Health Summit.

By June 30, 2005, ongoing technical assistance which supports development and implementation of local tobacco use, physical activity, and healthy eating behavior initiatives will have been provided to all funded community coalitions.

Progress:

Outreach Coordinators provide assistance continually. Coordinators serve as a resource and conduct site visits with all grantees to review objectives and action plans. Each Coordinator responds to approximately 100 requests for technical assistance per month totaling more than 5,000 requests annually. The Coordinators share surveys, community policies, and media opportunities from national and state programs with local communities. Coordinators link community people to school health councils and youth coalitions to adult coalitions. They also foster connections across communities to share local knowledge and experience.

Essential Service 5 - Develop policies and plans:

Desired Impact Objective 1:

By June 30, 2005, provide technical assistance/workshops for local communities on how to attain clean indoor air in educational facilities and grounds, restaurants, and work sites.

Progress:

In January 2004, 50 communities attended the Tobacco Use Prevention Program Pre-bidder's Conference. Attendees received clean indoor air policy training. The conference included local, state and national presenters. Outreach Coordinators provided technical assistance on an individual basis to communities in regards to grassroots support for clean indoor air initiatives and obtaining earned media. A database of supporters has been established in several communities. In one community 500 people have signed their support for clean indoor air initiatives. Communities have developed and presented canned clean indoor air presentations to civic groups and community clubs. Public service announcements and radio spots developed in one community are shared among other grantees.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, develop smoke free air policy plans to address smoking in the work place in 25% of the funded communities.

Progress:

Of the SFY04 CDRR grantees, Saline and Pottawatomie counties were successful in achieving smoke-free workplaces policies. Wamego established five new smoke free restaurants. Saline County passed a policy that all school grounds are to be smoke free. Wamego is working towards passing a similar policy.

By June 30, 2005, provide technical assistance in developing smoke free air policy plans including maintenance and information utilizing the *Take It Outside* campaign for all funded communities and intensive technical assistance for 25% of the funded communities.

Progress:

The Kansas Health Foundation relaunched the *Take It Outside* media campaign. Clean indoor air presentations were held in communities and secondhand smoke information was printed on buses, bus benches, local coalition websites and in radio ads in some communities. Currently, 81% of Kansans work in a smoke free environment.

By June 30, 2005, youth, including those of the states dominate ethnic populations, will be actively involved to promote youth advocacy and empowerment to address clean indoor air policies in all funded community coalitions.

Progress:

Each funded community has a youth coalition that addresses secondhand smoke issues, especially strengthening tobacco free school policies. Two predominately Hispanic youth groups in Finney County presented on the importance of tobacco free school grounds to their school building principal. The local adult coalition also supported their efforts that lead to a district wide tobacco free school ground policy in the 2004-2005 school year. Other youth groups, such as in Greeley County, have presented clean indoor air policies to local school boards, but have yet to be passed.

By June 30, 2005, tobacco free school policies that include the entire campus and all school sponsored events will be in 60% of the funded communities.

Progress:

Collection of tobacco free school policies continues with 30 district policies compiled. The "impact" training program requires that all schools attending must provide a copy of their policy. As policies are received they are posted on the Tobacco Use Prevention Program website.

By June 30, 2005, 1 funded community will draft and implement a local minor access law that establishes a local tobacco vendor license fee.

Progress:

A training in April entitled "Limiting Youth Access to Tobacco, Wichita's Experience" was presented to grantees by the City of Wichita, Environmental Health Department. Representatives from approximately 25 communities attended. Through a TASK grant, a youth group in Emporia developed a youth training program available for youth who will be involved in compliance checks in communities who work to adopt a local minor access law throughout the state. Grantees also had the opportunity to participate in conference calls with local and national experts to discuss youth access issues.

By June 30, 2005, one community will identify 2 workplaces, with a high population of Hispanics, to declare themselves a tobacco free workplace.

Progress:

Salina has identified and is working with three employers with a predominately Hispanic work force. The community has explained the benefits of a tobacco free workplace to the employers.

Essential Service 7 - Link people to services:

Desired Impact Objective 1:

By June 30, 2005, increase the number of African Americans in Wichita who know their blood pressure and seek care if necessary.

Annual Activity Objective for Desired Impact Objective 1:

By July 1, 2004, continue to support the Wichita Black Churches Hypertension Program.

Progress:

The Office of Health Promotion executed a contractual agreement with the Center for Health and Wellness (CHW), located in northeast Wichita, Kansas, to provide community-based hypertension reduction activities in their catchment area. The Center for Health and Wellness is a community clinic developed using the McKnight Community Assets Model. The clinic is located in the target geographic area and recruits African American health care professionals to staff the clinic. The clinic provides hypertension screening, referral, and education services on an ongoing basis using lay health workers in local Church and community settings.

By June 30, 2005, provide at least 10,000 hypertension screenings and refer at least 3,000 members of the Black community in Wichita for treatment.

Progress:

Center for Health and Wellness Community Outreach Blood Pressure Measurement Specialists have taken 6,073 blood pressure readings. 2,517 of those readings were elevated and prompted specialists to provide education and counseling. 382 of these clients were referred for follow up medical care. If the individuals did not have a regular primary care physician, they were referred to the Center for Health and Wellness Clinic.

By June 30, 2005, provide cholesterol screenings and referrals to at least 700 members of the Black community in Wichita.

Progress:

487 cholesterol screenings have been completed. 212 of those results were greater than 200. Individuals were given education about the potential impact of cholesterol levels on health. Patients with elevated levels were referred for follow up medical care. If the individuals did not have a regular primary care physician, they were referred to the Center for Health and Wellness Clinic.

National Health Objective: HO 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

By 2010, reduce the proportion of children and adolescents in Kansas who are overweight or obese. Baseline: The 2002-2003 Youth Tobacco Survey (YTS) included self-reported height and weight. The results of that survey indicated that 11% of Kansas adolescents in grades 6-12 were overweight (BMI \geq 95th percentile) and 13.6% were at risk for overweight (BMI \geq 85th percentile but less than 95th percentile).

Progress:

The YTS is scheduled for Spring 2006.

State Health Problem:

CDC has identified an epidemic of obesity in Americans. Kansas has not escaped this epidemic. As with the United States as a whole, the prevalence of obesity among adults has risen substantially in Kansas. According to data from the Kansas Behavioral Risk Factor Surveillance System (BRFSS), the estimated prevalence of obesity (body mass index [BMI] \geq 30) among adults ages 18 years and older increased from 13.1% in 1992 to 21.6% in 2001, an increase of almost 65%. The estimated prevalence of overweight/obesity (BMI \geq 25) among Kansas adults was 57% in 2001 (BRFSS). While considerable disparities in obesity exist among population subgroups, it is important to note that the prevalence of obesity is high among almost all populations in Kansas.

Kansas children have not escaped the obesity epidemic either. Data from the Supplemental Nutrition Program for Women, Infants, and Children (WIC) provide the most accessible obesity-related information on Kansas children. Through the Pediatric Nutrition Surveillance System (PedNSS), data document the increasing prevalence of obesity (95th percentile of weight for height) among children enrolled in WIC between 1992 and 1999. During these years, the prevalence of obesity increased from 5.3 percent to 8.4 percent. The most recent data (first quarter 2000) indicate that the prevalence of overweight was highest among children of Hispanic origin, followed by blacks, and then whites (11.6, 9.2, 7.6, respectively). In 2001, Kansas included self-reported height and weight on the Youth Tobacco Survey (YTS). The results from that survey indicated that 11% of Kansas youth in grades 6 - 12 were overweight (95th percentile and above). Hispanic children had the highest rate at 15%.

Reducing the prevalence of overweight children (aged 36 to 59 months) is a performance measure for the State's Maternal and Child Health Block Grant, and WIC's 2001 action plan focuses on obesity and physical activity.

ESSENTIAL SERVICES

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1:

By June 30, 2005, facilitate coalition-building activities to develop partnerships to address obesity in Kansas, coordinate activities, and avoid duplication.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, facilitate a statewide planning meeting of the Kansas LEAN-21 (Leadership to Encourage Activity and Nutrition in the 21st Century) Coalition.

Progress:

The Office of Health Promotion has received a two-year grant from the Kansas Health Foundation to facilitate a planning process in conjunction with key LEAN-21 partners across the state to develop consistent nutrition and physical activity messages for professionals and the public. Multiple task forces and focus groups will be convened over the next two years.

By June 30, 2005, provide leadership and facilitation for the 5 A Day Steering Committee.

Progress:

The 5 A Day Steering Committee continues to advise Office of Health Promotion staff to assure that technical assistance they provide to local Chronic Disease Risk Reduction grantees related to 5 A Day resources and opportunities is accurate and current. 5 A Day materials were provided for participants of the Kansas Senior Farmer's Market Program. The Kansas Nutrition Network will feature 5 A Day accomplishments at their March meeting.

By June 30, 2005, facilitate bi-monthly meetings of the Kansas Council on Fitness.

Progress:

The Kansas Council on Fitness met in September, November, January and April to plan the 2004 Kansas Kids Fitness Day event held on May 7, 2004.

National Health Objective: HO 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):

By 2010, increase the percentage of Kansas children that are physically active.

Progress:

Kansas YRBS data has not been collected for a statewide representative sample. KSDE plans to collect a representative sample in 2005, which will establish a baseline.

State Health Problem:

A Fall 2000 report, *Promoting Better Health for Young people Through Physical Activity and Sports*, noted "our nation's young people are, in large measure, inactive, unfit, and increasingly overweight."

While little data exists for Kansas children, data from the 2001 Kansas BRFSS indicate that more than one in four (26.7%) adults do not participate in any leisure-time physical activity. More than half (55.8%) of adults do not participate in the recommended level of physical activity (moderate activities ≥ 5 days per week for ≥ 30 minutes or vigorous activities ≥ 3 days per week for ≥ 20 minutes).

In 1999, the Kansas BRFSS included questions related to television viewing by the oldest child in the household and about household rules related to television viewing, among many other items. According to these data, as reported by the adult respondent, 13.0% of children ages 1 to 17 years old had watched 4 or more hours of television on the day preceding the interview. Among households with the oldest child between 5 and 17 years of age, only 60.2% reported that there were household rules regarding the amount of television the child was allowed to watch.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By June 30, 2005, provide educational materials and events to encourage physical activity, especially for Kansas children.

Annual Activity Objective for Desired Impact Objective 1:

By May, 2005, coordinate "Kids Fitness Day" for up to 18,000 third grade children statewide with flagship locations at Cedar Crest, the Governor's residence, and Ft. Larned, an historic site administered by the National Park Service, to teach and reinforce non-competitive physical activity practices. Provide educational materials on nutrition, bike safety, water safety, physical activity, tobacco, and sun protection to all Kansas Kids Fitness Day participants and their teachers.

Progress:

As Kansans are, unfortunately, becoming more sedentary and obese, Kansas Kids Fitness Day (KKFD) activities become more important as a way to impress upon our children the fun and health benefits of non-competitive physical activity. Third grade students participated in organized non-competitive running, jumping, throwing activities at one of two flagship sites at Cedar Crest and historic Ft. Larned, or at one of over 40 other sites across the state. Each participating student was given an enrichment packet containing age-appropriate educational materials relating to physical activity, nutrition, and safety. Office of Health Promotion staff coordinated statewide activities and assisted at the flagship event at Cedar Crest. 16,615 third graders participated statewide.

By May 2005, promote the physical activity incentive program "Third Graders on the Move" in conjunction with Kansas Kids Fitness Day.

Progress:

The Kansas Kids Fitness Day incentive program, "Third Graders on the Move," was initiated in 2003. The purpose of "Third Graders on the Move" is to enhance the educational and health benefits received by third graders who attend Kansas Kids Fitness Day. The incentive program provides additional opportunities for third graders in Kansas to adopt lifelong habits of incorporating daily physical activity into their lives. Participation in "Third Graders on the Move" is optional and is not required for attendance at Kansas Kids Fitness Day. However, participation is strongly encouraged as it provides additional opportunities to increase the level of physical activity among third grade students at school. 191 third grade students participated in 2004 and documented 114,60 minutes of additional physical activity.

By June 30, 2005, promote a curriculum for third grade students, *Follow the Santa Fe Trail to Kansas Kids Fitness Day*, that increases physical activity while integrating history, math, science, arts, and humanities.

Progress:

Teachers were invited to request a copy of the *Travel the Santa Fe Trail to Kansas Kids Fitness Day* curriculum to incorporate into classroom activities prior to attending the KKFD event. Inspired by a child's story of adventure along the Santa Fe Trail, this integrated curriculum is designed to increase physical activity while students learn Kansas history, math, communications, and social studies. The curriculum includes a two-week thematic unit, developmentally appropriate for third grade students. The Addendum aligns activities with QPA student outcomes. More than 50 copies were distributed.

Essential Service 4 - Mobilize partnerships:**Desired Impact Objective 1:**

By June 30, 2005, facilitate coalition-building activities to develop partnerships to promote physical activity in Kansas, coordinate activities, and avoid duplication.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, facilitate a statewide planning meeting of the Kansas LEAN-21 (Leadership to Encourage Activity and Nutrition in the 21st Century) Coalition.

Progress:

The Office of Health Promotion has received a two-year grant from the Kansas Health Foundation to facilitate a planning process in conjunction with key LEAN-21 partners across the state to develop consistent nutrition and physical activity messages for professionals and the public. Multiple task forces and focus groups will be convened over the next two years.

By June 30, 2005, facilitate bi-monthly meetings of the Kansas Council on Fitness.

Progress:

The Kansas Council on Fitness met in September, November, January and April to plan the 2004 Kansas Kids Fitness Day event held on May 7, 2004.

State Program Title: Injury Prevention Program

National Health Objective: HO 15-13 Unintentional injury deaths

State Health Objective(s):

To reduce the rate of deaths due to injury to no more than 53.4 per 100,000 population by 2010.

Baseline: 59.6 per 100,000 population, age-adjusted rate with year 2000 standard definition: ICD-9 codes E800-E978. Source: KDHE Center for Health and Environmental Statistics, 1998.

Progress:

Kansas age-adjusted injury death rate / 100,000 (2003): 54.9

Data source: KDHE Center for Health and Environmental Statistics

Definition:

Numerator: Number of deaths caused by injury (ICD-10 codes V01-Y36, Y85-Y87, Y89)

Denominator: Number of persons from census estimates

Rate adjusted using 2000 standard population

Unintentional injury deaths

Kansas baseline (1999): 40.7 per 100,000

Kansas (2003): 37.0 per 100,000

Data source: KDHE Center for Health and Environmental Statistics

Definition:

Numerator: Number of deaths caused by unintentional injury (ICD-10 codes V01-X59, Y85-Y86).

Denominator: Number of persons from census estimates

Rate adjusted using 2000 standard population

Kansas injury death rate / 100,000 among children 0-14 years (2003): 11.3

State Health Problem:

On average, 1,581 Kansans died from preventable injuries each year (1999 through 2001). 69% of these injury deaths were caused by unintentional injuries, the leading cause of death for Kansans ages 1-44 (1999-2001). The Kansas Injury Prevention Steering Committee identified 14 target areas for injury prevention through a strategic planning process; nine of these objectives address unintentional injury. Kansas mortality data shows that age is a significant factor in unintentional injury deaths. In 1999 through 2000, 46% of deaths in children ages 1-14 were caused by unintentional injuries and 51% of the deaths in the 15 to 24 age group. In ages 0-14 (1999 - 2001) the unintentional injury cause of death with the highest frequency was occupant of motor vehicle crashes in traffic. Other important causes of death in this age-group include suffocation, drowning, fire/flame, and pedestrian in traffic and pedestrian other combined.

Data Source: Center for Health and Environmental Statistics, KDHE

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By June 30, 2005, continue to increase awareness of injury as a public health problem.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, the Kansas SAFE KIDS Coalition will distribute a minimum of 10 press releases on topics related to unintentional injury prevention for children and youth.

Progress:

From July 1, 2003, through June 30, 2004, 34 news releases were distributed state-wide to media addressing topics including child passenger safety, poison prevention, sports safety, fire safety, drowning prevention, bicycle/pedestrian safety and other various injury prevention related topics.

By June 30, 2005, the Kansas SAFE KIDS Coalition will maintain a home page through the KDHE web site at www.kansassafekids.org.

Progress:

A home page has been maintained through the KDHE web site at www.kdhe.state.ks.us/safekids. As of September 2004, the Kansas SAFE KIDS web page can be accessed through the domain names kansassafekids.org and kansassafekids.com. The look and function of the site has been updated to improve its use as a public resource.

By June 30, 2005, establish a minimum of six injury prevention programs in local communities.

Progress:

Local SAFE KIDS Chapters were established in Nemaha County, Wabaunsee County, Republic County, and Woodson County between July 1, 2003, and June 30, 2004. This brings the current total of local chapters to 25, and local coalitions to 5. With the addition of these new chapters, 70 percent of the child population of Kansas is now covered by a SAFE KIDS coalition or chapter.

A total of \$40,000 was distributed to nine communities to implement various local injury prevention programs. One example was a child safety seat distribution and education event in Wyandotte County. 196 car seats were distributed to families determined to be in need. Other programs included a PFD (personal floatation device) loaner program utilizing 351 PFDs for use at the lakes and local swimming pools in Marion County; bike safety programs distributing helmets and education in Montgomery County and Parsons resulting in approximately 550 bike helmets being distributed; fire safety campaigns for school-age children in Douglas County and Ottawa (numbers not yet available), a fire safety/child passenger safety campaign targeting the elderly (primarily grandparents) in Riley County with over 140 participants; and a fire academy for juvenile firesetters in Shawnee County.

Funds supported basic maintenance and supplies for two SAFE KIDS Mobile Check-Up vans. These vans facilitate child safety seat education programs and car seat check-up events in local communities. Together these vans were present at a total of 117 events during the reporting period, checking 1,578 car seats and creating awareness/exposure to over 60,000 Kansans.

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1:

By June 30, 2005, continue to serve as the lead agency for the Kansas SAFE KIDS Coalition, a state level coalition composed of 60 statewide and regional organizations and businesses, four local coalitions, and 20 local chapters.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, facilitate and provide follow up support for a minimum of 4 quarterly meetings for the Kansas SAFE KIDS Coalition.

Progress:

Quarterly Coalition meetings were held on September 2 and December 2 of 2003, and March 2 and June 1 of 2004 at KNEA in Topeka.

By June 30, 2005, facilitate and provide follow up support for a minimum of 10 SAFE KIDS Executive Committee meetings.

Progress:

The Executive Committee met 12 times during the period July 1, 2003, and June 30, 2004.

Desired Impact Objective 2:

By June 30, 2005, strengthen Kansas SAFE KIDS Coalition partnerships.

Annual Activity Objectives for Desired Impact Objective 2:

By February 28, 2005, work with the KDOT's Bureau of Traffic Safety and the Kansas Safety Belt Education Office to participate in Child Passenger Safety Week and Walk Your Child to School Day.

Progress:

On Feb. 9, 2004, Kansas SAFE KIDS in conjunction with KDOT, KSBEA, the Kansas Highway Patrol, Kansas Motor Carriers Association and other organizations, held a press event in Topeka at the Expocenter for Child Passenger Safety Week. The Governor and representatives from partnering organizations and agencies spoke at the event about the importance of child passenger safety and their commitment towards the efforts to keep Kansas kids safe in motor vehicles. An advocate family came to tell their story of how their child was safe during a crash because she was riding in a booster seat and was buckled in the vehicle correctly. A booster seat demonstration was also held. A media release was sent out statewide. The Governor signed a proclamation declaring February 8 - 14, 2004, as Child Passenger Safety Week. Kansas SAFE KIDS also partnered with the Kansas Council on Fitness, the Coast Guard Auxiliary and KDHE to sponsor Kansas Kids Fitness and Safety Day on May 7, 2004.

By May 30, 2005, develop partnerships, plan, and implement joint activities for SAFE KIDS week.

Progress:

Kansas SAFE KIDS partnered with the Kansas Council on Fitness, the Coast Guard Auxiliary and KDHE to sponsor Kansas Kids Fitness and Safety Day. Kansas Kids Fitness and Safety Day was May 7, during SAFE KIDS Week, which was May 1 through May 8, 2004. The theme for SAFE

KIDS Week this year was “Splash into Safety.”

By May 30, 2005, work with the Kansas Council on Fitness to implement injury prevention activities (i.e., stop, drop, and roll relay) for Kansas Kids Fitness day.

Progress:

Through partnership with the Kansas Council on Fitness and the Kansas Department of Health & Environment, the Kansas SAFE KIDS Coalition participated in Kansas Kids Fitness Day on May 7, 2004. At the Cedar Crest flagship event in Topeka, the Governor spoke to participating third graders about the importance of physical activity and safety. The Coast Guard Auxiliary brought a robotic tugboat named “Coastie” to talk to the children about the importance of water safety. One of the components of the event was a Safety Relay that included dialing 9-1-1, testing a smoke alarm, the practicing “Stop, Drop, and Roll” technique, and properly fitting a Personal Floatation Device (PFD). Almost 700 third-graders attended the Cedar Crest event. Events also took place at historic Ft. Larned and 39 other sites across Kansas. Almost 17,000 third graders, their teachers, and parents participated statewide.

Essential Service 5 - Develop policies and plans:

Desired Impact Objective 1:

By Dec. 30, 2004, the Kansas SAFE KIDS Coalition will set a public policy platform for the 2005 Kansas legislative session.

Annual Activity Objectives for Desired Impact Objective 1:

By Oct. 31, 2004, the Kansas SAFE KIDS Coalition’s policy committee will draft a public policy platform for the 2005 Kansas legislative session.

Progress:

The Kansas SAFE KIDS Coalition’s policy committee drafted a public policy platform for the 2004 Kansas legislative session in August of 2003. This document helps guide the Coalition’s legislative involvement for the designated year. The levels of designation for legislative involvement include “actively support”, “support”, “endorse” and “monitor”. “Actively support” means the Coalition will provide leadership for change regarding the policy issue. “Support” means the Coalition will educate and/or testify regarding the policy issue. “Endorse” means the Coalition is on record as supporting the policy. If legislation, ordinance, policies or funding becomes an issue, the Executive Committee will decide whether to testify or present educational materials on the issue. “Monitor” means the Coalition will monitor the issue, and if necessary, the Executive Committee will make a policy recommendation to the Coalition. The draft was presented to the Coalition for consideration at the September 2nd quarterly meeting and a final draft was voted on at the annual meeting after all Coalition member organizations have had an opportunity to review and make recommendations or abstentions.

By Dec. 31, 2004, the Kansas SAFE KIDS Coalition will review, edit, and approve a public policy platform for the 2005 Kansas Legislative Session.

Progress:

During the period July 1, 2003, through June 30, 2004, the Kansas SAFE KIDS Coalition reviewed,

edited and approved a public policy platform for the 2004 Kansas legislative session. The platform was voted on and approved at the Dec. 1, 2003, annual meeting.

Essential Service 7 - Link people to services:

Desired Impact Objective 1:

By June 30, 2005, provide information to local injury prevention programs on current injury prevention services and programs in local communities.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, provide contact information, programs and services for all SAFE KIDS Coalitions and Chapters to local injury prevention programs.

Progress:

Through monthly mailings, bi-monthly conference calls, and quarterly Kansas SAFE KIDS Coalition meetings, information on programs, grants, educational materials, contacts and other opportunities was made available to local Coalitions and Chapters.

Essential Service 9 - Evaluate health programs:

Desired Impact Objective 1:

By June 30, 2005, implement an evaluation plan to assess the development and outcomes of the local injury prevention programs through reports and local evaluation efforts.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, evaluate all injury prevention programs through reports and local evaluation efforts.

Progress:

The Kansas SAFE KIDS Coalition collected information to compile an annual report for 2003. An annual report for 2004 will also be compiled at the end of the calendar year. Information compiled included the number and type of events held, number of items such as bike helmets and car seats that were distributed to the public, and public education efforts. Over the reporting period, approximately 3,771 bike helmets were distributed in 50 local communities. Over 752 smoke detectors and 34 carbon monoxide detectors were also distributed. Certified technicians at 117 community events checked 1,578 car seats.

State Program Title: Kansas Immunization Program

National Health Objective: HO 14-1 Vaccine-preventable diseases

State Health Objective(s):

Disease	Number of Cases	1992 Baseline	2003
Diphtheria (persons under age 35)	0	0	0
Tetanus (persons under age 35)	0	1	0
Polio (wild-type virus)	0	0	0
Measles	0	1	0
Rubella	0	3	0
Congenital Rubella	0	0	0
Mumps	0	3	1
Pertussis	10	10	23
Strep Pneumoniae, Invasive among children <5	0	N/A	15
Strep Pneumoniae Meningitis among children <5	0	N/A	1
Haemophilus Influenzae Invasive Disease among children <5	0	N/A	2
Haemophilus Influenzae Meningitis among children <5	0	N/A	0
Hepatitis B (persons 2 to 18 years)	0	9	19

State Health Problem:

Long-term prevention of disease outbreaks requires maintaining very high vaccination levels among children. Up-to-date vaccine coverage for greater than 90% of two-year-olds should prevent most outbreaks. Data from the 1998-1999 retrospective survey of kindergarten students indicated that Kansas had achieved this coverage for measles-mumps-rubella vaccine (MMR1), Polio3 and HEPB3 for two-year-olds. DTP4(diphtheria-tetanus-pertussis)and HIB3 (haemophilus influenzae b) are less than 10 percentage points from meeting this goal. VAR1(varicella) had an increase of 12 percentage points compared to last year's retrospective survey (43.8%)

ESSENTIAL SERVICES

Essential Service 2 - Diagnose and Investigate:

Desired Impact Objective 1:

From July 1, 2004 through June 30, 2005, provide ongoing epidemiologic consultation that would not otherwise exist.

Annual Activity Objective for Desired Impact Objective 1:

From July 1, 2003 through June 30, 2004, provide ongoing epidemiologic information on disease transmission and recommendations, assessment of resource needs for state and community-wide intervention effort for the management of disease outbreaks.

Progress:

Pertussis cases remained unchanged for this period at 35. Sixty percent (21) were in infants < 1 year old. There were no confirmed cases of Diphtheria, Tetanus, Polio, Measles, Rubella or Congenital Rubella for the same period. Three cases of Mumps were reported. Fourteen cases of Strep Pneumoniae, invasive among children <5 were reported. Two cases of Strep Pneumoniae Meningitis among children <5 were reported. No cases of Haemophilus Influenzae Invasive Disease or Meningitis were reported among children <5. Nineteen cases of acute and chronic Hepatitis B combined were reported in persons <1 to 18 years of age. Eleven percent (2) were in infants <1 year of age. Varicella was added to the list of reportable diseases in April 2004. Twenty-six cases were reported during this period.

From July 1, 2004 through June 30, 2005, provide ongoing epidemiologist consultation to the Immunization Program field staff on confirmation, management and control of incident vaccine preventable infection, e.g., mumps, varicella, measles, pertussis, rubella, diphtheria, tetanus, hepatitis B, streptococci pneumoniae and Haemophilus Influenzae B infections.

Progress:

The program continued to provide epidemiological consultation to the Immunization Program Nurse Consultants on confirmation, management and control of incidences of vaccine-preventable-diseases. Activities included the development of a Vaccine Reportable Disease (VPD) Report within the state disease reporting system. This has enabled the Immunization Nurse Consultants to provide case management activities thereby improving VPD surveillance and tracking.

State Program Title: Local Health

National Health Objective: HO 23-11 Performance standards

State Health Objective(s):

To increase the capacity of public health agencies at the local and state level to perform essential public health services, as addressed in the national public health performance standards.

Progress:

The Local Health Program provides training and technical assistance to increase capacity of local health departments. Training activities and number of participants is included in this progress report. However, Kansas does not have an assessment process in place to monitor health department capacity. The Local Health Program is currently working with the Kansas Association of Local Health Departments to create local public health standards, which will include a plan for assessment and monitoring of capacity.

State Health Problem:

The Kansas Preventive Health Block Grant Advisory Committee has encouraged movement toward a more comprehensive approach to address national and state health objectives through state agency activities supported by Preventive Health Block Grant funds. In order for Kansas' public health agencies to be successful in achieving population-based goals as identified in all national and state health objectives, efforts must be implemented to improve public health infrastructure at the local and state levels. Ultimately, this improvement will require education, technical support, enhanced community collaboration and state-local collaboration, as well as resources. The public health performance standards are an appropriate framework to assess the effectiveness of public health agencies in improving their capacity to assure essential services for their communities.

ESSENTIAL SERVICES

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1:

By June 30, 2005, promote agency and community partnerships to assure provision of essential public health services.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, provide Orientation to Public Health sessions for new public health professional staff and community partners. These sessions will provide an overview of the Core Public Health Functions and Essential Services, Public Health Performance Standards, and describe the organization and implementation of public health programs at the national, state, and local levels.

Progress:

An Orientation to Public Health session was provided during the 2004 Kansas Public Health Nursing

Conference. Approximately 85 new professional staff from KDHE and local health departments completed the orientation session.

By June 30, 2005, partner with Washburn University to provide International Public Health Conference, “Global Health: Visions and Strategies.”

Progress:

The International Public Health Nursing Conference, AGlobal Health: Visions and Strategies@ was provided in partnership with Washburn University School of Nursing, July 10-13, 2004. Approximately 300 individuals representing 8 countries participated in the conference.

By June 30, 2005, continue partnership with Kansas Association of Local Health Departments (KALHD), Kansas Integrated Public Health Software (KIPHS), and Kansas Health Foundation (KHF) to establish regional Local Health Department Billing and Administration Resource Groups to support local agency administrative activities, including billing.

Progress:

The Local Health Program continues to collaborate with partners to develop regional resource groups to support local administrative activities.

By June 30, 2005, continue partnership with Jewish Vocational Services (JVS) to provide cultural competency and medical interpreter training and resources for public health and community agencies.

Progress:

During 2004, approximately 250 individuals from health departments and community-based agencies completed cultural competency and medical interpreter training. Sessions were provided at six regional sites throughout the state.

Essential Service 5 - Develop policies and plans:

Desired Impact Objective 1:

By June 30, 2005, identify model policies and plans for local health departments, which promote compliance with regulations and assure quality programs for diverse populations served.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, promote model policy and template for local health departments to assure compliance with Title VI of the Civil Rights act of 1964, Limited English Proficiency (LEP), through a task force consisting of representatives of local health departments, KDHE, and KALHD.

Progress:

The LEP taskforce completed its work and an LEP template for use by local agencies has been posted on the OLRH homepage.

By June 30, 2005, promote model policies and templates for local health departments to promote compliance with HIPAA through HIPAA workgroup composed of representatives of local health departments, KDHE, KALHD, and KIPHS.

Progress:

Technical assistance regarding HIPAA implementation (security rule) will be offered at six Regional Public Health Meetings during 2005.

By June 30, 2005, assist local health departments in development, implementation, and update of local preparedness plans for public health emergencies, including pandemic influenza and bioterrorism.

Progress:

Ongoing technical assistance was provided to local health departments regarding public health emergency preparedness plans through Regional Public Health Meetings and site visits during 2004. Pandemic influenza planning information will be provided through 6 Regional Public Health Meetings in 2005.

Essential Service 8 - Assure competent workforce:**Desired Impact Objective 1:**

By June 30, 2005, assure access to education and training programs, which increase competence of public health professionals in local health departments and the state health department.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, support the development of local and regional databases of licensed nurses to support implementation of mass immunization clinics and provide volunteer services in the event of a public health emergency.

Progress:

Nursing database development to support preparedness planning will occur during 2005.

In partnership with immunization program, by June 30, 2005, provide ongoing education and resource information regarding Kansas Immunization Registry, vaccine shortages, and reimbursement issues concerning vaccines through regional public health meetings and Connections publication.

Progress:

Education and resource information regarding the Kansas Immunization Registry and vaccine issues will be provided through six Regional Public Health Meetings in 2005. Training and informational updates regarding immunization billing is ongoing through regional billing groups, which have been established in six regions of the state and meet quarterly.

By June 30, 2005, provide additional and updated resource information to local health departments through regional public health meetings and Connections publication regarding the availability of telephone interpreter services.

Progress:

Updated resource information regarding availability of telephone interpreter services will be provided through the Connections publication and six Regional Public Health Meetings during 2005.

In partnership with Jewish Vocational Services (JVS), by June 30, 2005, provide regional training

sessions on cultural competency and diversity, and medical interpreter trainings.

Progress:

In partnership with Jewish Vocational Services (JVS), six regional training sessions on cultural competency and six regional training sessions on medical interpreting will be provided during 2005.

By June 30, 2005, coordinate provision of the Kansas Public Health Certificate Program, in partnership with the University of Kansas Public Management Center and KALHD.

Progress:

The Kansas Public Health Certificate Program enrolled 26 participants during 2004, the fourth year of the program. To date, 32 participants have enrolled for the 2005 session.

In partnership with Heartland Center for Public Health Preparedness and The University of Kansas School of Medicine-Wichita (UKSM-W), by June 30, 2005, coordinate provision of the Kansas Public Health Leadership Institute.

Progress:

The Kansas Public Health Leadership Institute enrolled 24 participants for its first session, 2003-04. The 2004-05 session has enrolled 34 participants.

In partnership with UKSM-W, coordinate provision of computer training (Chautauqua Project) for the local public health workforce by June 30, 2005.

Progress:

The Chautauqua Informatics Project has provided regional training in basic computer skills to individuals representing 45 local health departments to date.

By June 30, 2005, implement competency-based assessment of educational needs of public health professionals at state and local health departments in collaboration with Heartland Center for Public Health Preparedness.

Progress:

A competency-based educational needs assessment of public health professionals at KDHE was completed during 2005. The assessment will be administered to local health department professionals early in 2005.

By June 30, 2005, in partnership with Kansas Association of Local Health Departments, the University of Kansas Public Management Center, and MPH Kansas, continue implementation of a strategic plan for public health workforce development.

Progress:

A preliminary strategic plan for public health workforce development for Kansas was developed during 2004.

By June 30, 2005, maintain network of satellite downlink sites throughout state to provide CDC-sponsored educational offerings to public health professionals.

Progress:

Satellite downlink sites for routine and urgent information sharing/training of public health professionals are maintained at KDHE offices in Topeka and six district offices throughout the state.

In partnership with epidemiology staff, by June 30, 2005, provide education to local health department professionals through regional meetings and Connections publication regarding implementation of PHIX (Public Health Information Exchange) for disease reporting and surveillance activities.

Progress:

Informational updates regarding PHIX will be provided during 2005 through the Connections publication and six Regional Public Health Meetings.

By June 30, 2005, provide ongoing education and technical assistance regarding KIPHS utilization through regional public health meetings and Connections publication.

Progress:

Ongoing educational and technical assistance regarding KIPHS utilization is provided through the Connections publication monthly and through regional billing group meetings.

By June 30, 2005, maintain services of distance learning coordinator to promote access to Public Health Training Network offerings and other technology-mediated learning activities.

Progress:

The Public Health Workforce Development Coordinator in the Local Health Section serves as the Distance Learning Coordinator for Kansas and coordinates provision of distance learning offerings provided through the Public Health Training Network of CDC.

By June 30, 2005, maintain electronic calendar of public health education and training activities. Assure coordination of electronic calendar with TRAIN Learning Management System.

Progress:

The KDHE/KALHD electronic training calendar is available through the KDHE website. TRAIN Learning Management System is being implemented in Kansas, and currently has over 1000 enrolled users.

By June 30, 2005, provide input regarding educational program content and design through internal and external committees, including the Public Health Workforce Development Coordinating Committee, Child Health Assessment Standards Committee, Family Planning Training Advisory Committee, School Health Conference Committee, and Kansas Public Health Conference Committee.

Progress:

Local Health Section staff currently facilitate several committees which support training activities, including the Public Health Workforce Development Coordinating Committee, Family Planning Training Advisory Committee, School Health Conference Committee, Kansas Public Health Conference Committee, Kansas Public Health Certificate Program Steering Committee, and the Kansas Public Health Leadership Institute Executive Committee. During 2005, an agency-wide Training Committee will be established within KDHE to address training issues specific to KDHE personnel and programs.

Essential Service 9 - Evaluate health programs:

Desired Impact Objective 1:

By June 30, 2005, promote compliance of local public health programs with national standards and regulations.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, maintain ongoing surveillance of medical interpreter and translation needs/practices in local health departments through annual agency technical support visits or an LEP assessment administered to local health departments through regional public health meetings.

Progress:

The LEP assessment administered to local health departments in March 2004 revealed an ongoing need for medical interpreter and cultural competency training, which is currently being provided through a total of 12 regional sessions.

By June 30, 2005, provide orientation to national public health performance standards program through regional public health meetings, Connections publication, and the Public Health Nursing Conference.

Progress:

Information regarding National Public Health Performance Standards was provided to 140 participants at the 2004 Kansas Public Health Nursing Conference.

State Program Title: Maternal Child Health

National Health Objective: HO 1-4 Source of ongoing care

State Health Objective(s):

State Health Objective: Kansas Maternal & Child Health Priorities, 1) Access: Improve access to all aspects of primary health care for vulnerable populations.

Progress:

In order to improve access to all aspects of primary health care for vulnerable populations, 98 of the 105 HSHV (93%) received information, education and referral criteria for the Kansas Farm Worker Health Program.

State Health Problem:

Improved access to health service is the first priority determined by the 2000 Kansas Joint States Needs Assessment. The Healthy Start Home Visitor service enables families to become healthier and more self-sufficient by improving their access to early intervention services through outreach and at-home interventions. Under public health nurse supervision, paraprofessional home visitors provide education, support and early referrals for health department services and to a wide variety of available community services for families.

Families need information on health care systems available to them and further need assistance in completing enrollment in such programs. Many families are unaware of the benefits and services to which they are already enrolled or how to access those services.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By December 31, 2004, Healthy Start Home Visitors will receive training to help inform and assist families in accessing services in the areas of smoking cessation, lead prevention, breastfeeding and farm worker health.

Annual Activity Objectives for Desired Impact Objective 1:

By December 31, 2004, Healthy Start Home Visitors will be trained in the health benefits of smoking cessation, lead prevention, breast-feeding and use of the Farm Worker Health Program. The Farm Worker Health Program facilitates links to and helps pay for medical services (eg. primary care, pharmacy, dental, lab and x-ray) for agricultural workers and their families who are below 200% of the Federal poverty level and are without health insurance. In 2003, the Kansas Farm Worker Health Program served 2,900 people qualifying for their services. The Healthy Start Home Visitors will receive information and materials on how and where to send families within each locality and region of the state to access these various programs and services.

Progress:

Healthy Start Home Visitors (HSHV's) received trainings and materials to increase awareness and understanding of the health benefits of smoking cessation. These trainings focused on identification of harmful effects of smoking upon the pregnant woman, her fetus and family as well as promotion of smoking cessation techniques to encourage pregnant women to stop smoking. HSHV's provide prenatal as well as postpartum visits to women, identify health risks and problems through visitation, and refer to community resources to receive needed services. Each home visitor was charged to identify and collaborate with tobacco cessation programs and support groups in their own and surrounding communities. Information and materials were supplied to the visitors for the Kansas Tobacco Quitline, which is a toll free telephone number operational 24 hours a day, 7 days a week.

Kansas Farmworker Health Program (KFHP) staff provided six regional trainings to educate HSHV's about the KFHP program. Information included KFHP eligibility, services available and how to refer to KFHP. Immigrant eligibility for other common health resources was also discussed. HSHV's were provided contact information for three KFHP Health Educators who are bilingual staff strategically located in highly populated non-English speaking areas of the state. Collaboration between HSHV's and KFHP Health Educators enhance health insurance application, resources, and referral success for these high-risk populations. KFHP has produced several health education VHS tapes and CD's in Spanish, low-German and other languages which are being distributed to Kansas families through collaborative outreach efforts of the HSHV's and KFHP staff.

Essential Service 4 - Mobilize partnerships:**Desired Impact Objective 1:**

By June 30, 2005, the Healthy Start Home Visitors, in collaboration with state and local agencies, will receive training on how to voice a need for health care programs within their locality/region.

Annual Activity Objective for Desired Impact Objective 1:

By June 30, 2005, Healthy Start Home Visitors will gather collaboratively in networking sessions as an integral component of their regional training sessions. They will be encouraged to discuss what health care programs are available to the families they serve as well as the families' perceptions of both the affordability and availability of health care services. Also, each Healthy Start Home Visitor will be encouraged to share their best practices of providing access to health-related information and services for the families they serve through demonstration of the packets they provide the families as well as discussion of their individual experiences from the field.

Progress:

Healthy Start Home Visitor regional trainings across the state allowed visitors to provide input and discussion regarding the health-related information, materials, and services each provide in local communities. Methods and approaches of contacting potential clients using best-practice strategies were identified through personal experiences of the visitors. Success stories, as well as challenging visitor situations and experiences, were also discussed with group members brainstorming possible solutions.

The Bureau for Children, Youth & Families/Children and Families section is collaborating with the Office of Local and Rural Health to host the 2nd Annual Public Health/Maternal Child Health Nurse Conference. Topics for both key-note and breakout sessions have been identified specific to the Maternal Child Health population and program staff. HSHV staff will attend a half-day orientation for home visitors as well as 8 other breakout sessions specific for home visitors. This collaborative effort will increase specific targeted education for the visitors, as well as decrease time away from their local health department job assignments.

The Kansas Home Visitation Task Force, composed of representatives from every major state agency and organization offering home visitation, identified the need for stronger collaboration among individuals and agencies providing home visitation services through shared home visitor training and on-going communication process. Grant funding, coordinated through Kansas Head Start Association, allowed for purchase of the Nebraska Home Visitation Training curriculum, which will be taught through a state-wide train the trainer process. A cadre of diverse qualified trainers representative of the entire state will provide an opportunity for the estimated 2000 home visitors in Kansas to participate in this training over a 2-year period. This collaborative training will broaden and strengthen the home visitation outreach and family support efforts for all Kansas families.

National Health Objective: HO 8-11 Blood lead

State Health Objective(s):

Kansas Maternal & Child Health Priorities, 1) Access: Improve access to all aspects of primary health care for vulnerable populations.
Reduce lead exposure in 6 cities with identified risk of exposure.

Progress:

In order to reduce lead exposure 98 of the 105 HSHVs (93%) received training to increase their awareness of the prevalence of lead prevention measures, the effects of lead poisoning on the development of children, the importance of educating families in lead poisoning prevention, and how surveillance of the families' homes will help decrease the potential for lead poisoning.

State Health Problem:

Kansas has identified six cities as high-risk areas for lead exposure and poisoning. Lead poisoning is a preventable pediatric health problem, which interferes with the development of the architecture of the brain as well as disturbs biochemical connections between cells in the brain. Lead can damage a child's central nervous system, brain, kidneys and reproductive system. Also, lead has been associated with decreased intelligence, impaired neurobehavioral development, decreased stature and growth and impaired hearing ability.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By December 31, 2004, the Healthy Start Home Visitors will receive training to increase their awareness of the prevalence of lead prevention measures, the effects of lead poisoning on the development of children, the importance of educating families in lead poisoning prevention, and how surveillance of the families' homes may help decrease the potential for lead poisoning.

Annual Activity Objective for Desired Impact Objective 1:

By December 31, 2004, the Healthy Start Home Visitors will be provided training in lead prevention surveillance techniques by the Child Lead Poisoning Prevention Program in collaboration with Maternal and Child Health staff in conjunction with Healthy Start Home Visitor regional training sessions. Also, this information will be provided at health-related professional conferences which the Healthy Start Home Visitor staff are encouraged to attend. As a result, they will be able to assist the families they serve to be more alert to the dangers of lead poisoning to their health. Also, the Healthy Start Home Visitors will be provided with brochures and other helpful lead prevention information to give to the families they serve as well as information to link them to the Child Lead Poisoning Prevention Program locally and regionally.

Progress:

The Kansas Child Lead Poisoning Prevention Program's Public Health Educator in six regional training sites conducted a lead prevention and surveillance education program for the Healthy Start Home Visitors. Trainings included information on increasing the home visitors' awareness of lead poisoning in the home setting, the importance of the role of the home visitor in active surveillance of the home environment to identify potential risk for lead poisoning, and specifics regarding the referral process and procedures for lead testing. The importance of the home visitors' role in collaboration with other community agencies to reduce the overall lead poisoning exposure of Kansas children was also addressed. Handouts, checklists and a visual survey report were distributed for use in the home settings to identify specific areas of lead exposure and are to be reviewed at each home visit when lead referral criteria is noted.

National Health Objective: HO 16-19 Breastfeeding

State Health Objective(s):

State Health Objective: Kansas Maternal & Child Health Priorities, 6) Obesity: Improve nutritional status and physical activity to address obesity in women and children.

Baseline: 2002 Kansas Breastfeeding Data: (Obtained from Ross Mother's Survey)

	<u>Initiation</u>	<u>6 months</u>
General Population	70.1%	33.2%
Kansas	72.2%	28.8%

Progress:

2003 Kansas PedsNSS WIC Data:

Kansas	61.7%	19.6%
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Note: By July 2005, a tracking system for breastfeeding initiation and duration will be added to the Perinatal Outcomes Data Table that is submitted to KDHE quarterly.

Note: By July 2005, the Client Visitor Record (CVR) form will have an additional referral criteria number (36 Breastfeeding) listed under the category of "Support Services/System" to create a tracking system for referral services directly related to the Maternal Child Health Needs Assessment priorities "Increase the incidence and duration of breastfeeding (6 months exclusively)" and "Decrease Overweight".

State Health Problem:

Obesity has been identified as a pervasive health problem in Kansas. Lack of physical activity, below average breastfeeding rates and the need for appropriate and adequate nutrition all contribute to obesity. In general, the obese population is at increased risk for diabetes, cardiac disease, cardiovascular disease and other comorbid conditions. It has been shown breastfed babies as a group experience a lower incidence of obesity. Thus, by increasing the number of breast-fed babies in concert with an overall health program emphasizing proper nutrition, mental health promotion and increased physical activity, the number of obese persons can be reduced.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By June 30, 2005, continue priority emphasis on breastfeeding support for client families with newborns who breastfeed. This is a cooperative effort with the Kansas Nutrition and WIC Services program and Healthy Start Home Visitor services.

Annual Activity Objectives for Desired Impact Objective 1:

By December 31, 2004, Healthy Start Home Visitor staff will receive appropriate information and education on breastfeeding benefits to infants and their families and resources to help educate pregnant women on the benefits of breastfeeding to assist families in optimizing their breastfeeding experiences. Maternal and Child Health staff will provide information and training to assist Healthy Start Home Visitor staff to provide breastfeeding support or to identify specific breastfeeding support persons within each community to which the Healthy Start Home Visitor can refer women needing specific breastfeeding information and support.

Progress:

Through a statewide, six-region training circuit, the Breastfeeding Coordinator from the Kansas Nutrition and WIC Services provided breastfeeding education to the HSHV staff. The purpose of the training was to increase the awareness of the Healthy Start Home Visitor role in promoting the increase in duration of exclusive breastfeeding in the mother-infant dyad. Benefits of breastfeeding for mothers and infants were the focus of these trainings, including emphasis on the reduced risk of obesity for breastfed babies. Techniques to encourage women to increase breastfeeding duration with education on factors to assess successful nutrition through breastfeeding were included in this educational training.

Each Healthy Start Home visitor identified a breastfeeding educator or support group in their local or surrounding community to assist mothers in providing information and support to increase the duration of breastfeeding.

A Maternal Child Health (MCH) Needs Assessment for Kansas was conducted as a three-day collaborative meeting of stakeholders, MCH staff and consumers. Three health priorities were identified for the following groups, Pregnant Women & Infants, Child & Adolescent, and Children with Special Health Care Needs. MCH funded agencies and programs must focus their service provision and prevention efforts on these priorities based upon their own community needs. Identified priorities include “Reduce Overweight” for the Child & Adolescent population and “Increase Breastfeeding Duration” for the Maternal and Infant population group.

By June 30, 2005, disseminate additional breastfeeding information to Healthy Start Home Visitor staff through articles written in the ZIPS e-newsletter, which include web-based links to authoritative sources on state and national levels. The ZIPS e-newsletter is sent out to partners in local county health departments, school districts and other community health professionals. Also, the Healthy Start Home Visitor staff will receive breastfeeding and other pertinent health-related and nutritional information to give to each breastfeeding family in a visitor packet. These packets often include baby items and coupons in order to help the family to be accepting of and cooperative with the home visiting services being provided.

Progress:

Additional breastfeeding and nutrition articles were included in the past 12 months' ZIPS e-newsletters. Breastfeeding information was distributed to the Healthy Start Home Visitor staff from the American Academy of Breastfeeding Medicine, Clinical Perspectives in Lactation, Bright Future Lactation Resource Centre, LTD., and others. This information can be distributed on home visits as part of the visitor packet families receive.

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1:

By December 31, 2004, Maternal Child Health staff will collaborate with Women, Infants and Children staff

Annual Activity for Desired Impact Objective 1:

By December 31, 2004, Maternal Child Health staff, in collaboration with Women, Infants and Children staff, will disseminate breastfeeding information to Healthy Start Home Visitor staff utilizing web-based links as well as additional information as provided by experts in the area of breastfeeding and nutrition at health-related professional conferences and at regional Healthy Start Home Visitor training sessions.

Progress:

KDHE's Perinatal Consultant collaborated with lactation consultants and nutrition experts in Kansas in an effort to assist the Healthy Start Home Visitors link to existing breastfeeding and nutrition resources. This was accomplished through several e-mail notifications of certified breastfeeding educator course opportunities and other breastfeeding information to local health department staff including Healthy Start Home Visitors. Some Healthy Start Home Visitors have themselves become certified breastfeeding educators, providing services within their local communities.

Desired Impact Objective 2:

By June 30, 2005, Maternal Child Health staff will collaborate with Women, Infants and Children staff and other interested state-wide breastfeeding partners.

Annual Activity for Desired Impact Objective 2:

By June 30, 2005, Maternal Child Health staff, in collaboration with Women, Infants and Children staff and their state-wide breastfeeding partners, will meet to discuss the feasibility of forming a state-wide breastfeeding coalition. This is an important first step in providing access to a network of breast-feeding support programs to be used as a valuable resource for families with this specific health care need.

Progress:

The CDC Pediatric Nutrition Surveillance System Report of Kansas WIC participants collects data on the initiation of breastfeeding as well as duration through 12 months of age. The Breastfeeding Coordinator from the Kansas Nutrition and WIC Services is assembling key personnel from across the state to dialogue on ways to increase breastfeeding duration among WIC participants and to identify strategies for future implementation. The Kansas Healthy Start Home Visitors program has been identified as key personnel in this endeavor.

State Program Title: Rape Prevention Education Program

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Reduce the annual rate of rape or attempted rape of female persons aged 10 and older to less than 0.55 per 1,000 population by 2010.

Kansas Baseline:

5.3 per 1,000

Source: Injury in Kansas Strategic Plan: Phase 1, 2001

Progress:

Statement on baseline data: Currently all baseline data in the Office of Injury and Disability Programs are reported at the rate published in the 2001 document entitled, "Injury in Kansas Strategic Plan: Phase I." The data set is scheduled for update in August 2005, pending a grant award, to complete Phase II of the Kansas Strategic plan. Once updated, phase II will allow one to compare reported baseline data and monitor program impact.

State Health Problem:

The number of rapes reported to Kansas law enforcement increased 17.1 percent in 2002 from the number reported in 2001. During 2001, approximately 19.5 percent of all reported rape offenders in Kansas were arrested, while 22.2 percent were arrested in 2002. This is a very small portion of rape offenders arrested when one considers that approximately 83 percent of the offenders are known to the victim.

Of rape incidents reported to law enforcement agencies, the rape victim is usually a white female between the ages of 10 and 19. The rape offender is most often a white male between the ages of 15 and 24. The crime of rape happens most frequently during the weekend. Most rapes occur during the hours of 12:00 A.M. and 2:00 A.M. More than twenty-six percent of all rape offenders are reported to be under the influence of alcohol and drugs during the commission of the crime.

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1:

By June 30, 2005, provide rape prevention and education programs.

Annual Activity Objectives for Desired Impact Object 1:

By June 30, 2005, maintain a minimum of six rape prevention and education programs whose primary prevention focus targets potential perpetrators.

Progress:

Currently 7 rape prevention and education programs are maintained.

Desired Impact Objective 2:

By June 30, 2005, provide rape and sexual assault awareness programs.

Annual Activity Objectives for Desired Impact Object 2:

By June 30, 2005, at least 7,000 students will participate in rape and sexual assault awareness programs.

Progress:

Project narrative reports collected quarterly indicate 5,293 adolescent youth participating in primary prevention programs, one-time awareness presentations.

Desired Impact Objective 3:

By June 30, 2005, provide longitudinal rape and sexual assault primary prevention programs.

Annual Activity Objectives for Desired Impact Object 3:

By June 30, 2005, plan interventions whereupon at least 300 student will participate in longitudinal rape and sexual assault primary prevention programs.

Progress:

8,954 students are reported as participating in longitudinal programming.

Desired Impact Objective 4:

By June 30, 2005, increase awareness about violence prevention, primary rape prevention programs, Kansas and National statistics on sexual assault, rape, date rape, school violence, bullying and definitions on primary prevention.

Annual Activity Objectives for Desired Impact Object 4:

By June 30, 2005, draft and distribute a bi-annual newsletter to promote support and community awareness about violence prevention, primary rape prevention programs, Kansas and National statistics on sexual assault, rape, date rape, school violence, bullying and definitions on primary prevention.

Progress:

The bi-annual newsletter is sent to RPE program grantees.

Essential Service 4 - Mobilize partnerships:**Desired Impact Objective 1:**

By June 30, 2005, offer competitive community based grants for primary prevention of sexual violence.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, collaborate and draft a request for proposal with the Kansas Coalition Against Sexual and Domestic Violence and the Kansas Office of the Governor's Federal Grants Program to offer competitive community based grants for primary prevention of sexual violence.

Progress:

A Memorandum Of Understanding (M.O.A.) with parities mentioned above was completed 12/10/03.

Essential Service 7 - Link people to services:

Desired Impact Objective 1:

By June 30, 2005, provide information to grantees on current services and locations for victims of rape.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, provide copies of the KCSDV Report on Victim Services in Kansas for representatives of all currently and newly funded rape prevention and education programs.

Progress:

The report was completed, printed and distributed across the state.

Desired Impact Objective 2:

By June 30, 2005, provide grantees technical assistance.

Annual Activity Objectives for Desired Impact Objective 2:

By June 30, 2005, provide information to grantees on potential best practice services/programs/interventions which have the potential to impact violence against women.

Progress:

Completed October 2003, February 2004.

Essential Service 8 - Assure competent workforce:

Desired Impact Objective 1:

By June 30, 2005, maintain ability to provide coordination and technical assistance to local grantees.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, maintain the position of Rape Prevention Coordinator to coordinate state level activities for rape prevention and education and monitor progress and provide technical assistance and guidance to local grantees.

Progress:

The RPE Program maintained position of Rape Prevention Coordinator.

Desired Impact Objective 2:

By June 30, 2005, provide technical assistance to local grantees.

Annual Activity Objectives for Desired Impact Objective 2:

By June 30, 2005, provide 4 trainings to representatives of all currently and newly funded rape prevention and education programs. Training will emphasize primary prevention, intervention design, and evaluation.

Progress:

A total of seven training opportunities were offered to program grantees include:

- July 9, 2003 - An eight hour training entitled, ABuilding a Coordinated Community Response to Sexual Violence@ by Judy Johnston, from University of Kansas School of Medicine in Wichita.
- October 23, 2003 - a three hour training entitled, AEvaluation Research,@ by Dr. Ron Matson, Wichita State University.
- January 22, 2004 - a two hour training on a walkability plan seeking to increase physical activity and enhancing safer communities by Judy Johnston, KU Medical in Wichita.

May 27-30, 2004 - Provided travel stipend for one representative from each local program to attend the CDC sponsored A3rd national sexual violence prevention conference@ located in Los Angeles, CA.

July 22, 2004 - a seven hour training entitled, Ahow to use indicators for rape prevention,@ by Shelley V. Bearman, RPE Grant Coordinator, KDHE.

October 21, 2004 - a four hour training entitled, AOutreach to Men: possible allies in preventing rape@ by David Sloan Ridder, Community Outreach Coordinator, Men Can Stop Rape, Washington, D.C.

January 27, 2004 - Upcoming training entitled, AHow to work with young men.@ By Pat McGann, Director of Communications, Men Can Stop Rape, Washington, D.C.

Essential Service 9 - Evaluate health programs:**Desired Impact Objective 1:**

By June 30, 2005, implement an evaluation plan to assess the effectiveness, development, and outcomes of local programs.

Annual Activity Objectives for Desired Impact Objective 1:

By June 30, 2005, evaluate all currently and newly funded rape prevention and education programs through site visits, quarterly reports, local evaluation efforts, and pre-post instrument.

Progress:

Ongoing. Quarterly project narrative reports requested from each site provide detail of local evaluation efforts. Site visits and desk reviews for all sites are conducted by both the Kansas Department of Health and Environment and the Governor=s Office of Federal Grants Program. Results indicate a total of 14,121 students received rape prevention and education programming.